



MCANDREWS, HELD & MALLOY  
34TH FLOOR  
500 WEST MADISON STREET  
CHICAGO, ILLINOIS 60661

RECEIVED  
CENTRAL FAX CENTER

NOV 15 2005

ARO PLEASE DELIVER RETURN RECEIPT TO  
Winona K. Jackson

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

## Certificate of Transmission under 37 CFR 1.8

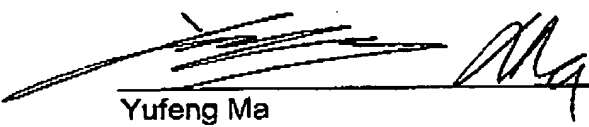
### CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO:	Examiner Elda Milef	FAX NO.:	(571) 273-8300
FROM:	Yufeng Ma	USER ID:	8068
CLIENT:	1974	MATTER:	12688US01

Number of Pages This Transmission (Including Cover Page): 8

I hereby certify that the attached **TRANSMITTAL, FEE TRANSMITTAL, PETITION FOR A ONE-MONTH EXTENSION OF TIME and NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES** are being facsimile transmitted to the United States Patent and Trademark Office on November 15, 2005.

  
Yufeng Ma  
Reg. No. 56,975

*If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.*

**RECEIVED**  
**CENTRAL FAX CENTER**

#5669 P.002/008

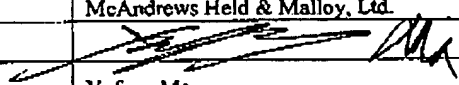
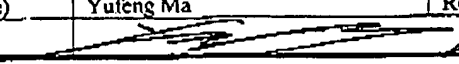
**NOV 15 2005**

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after Initial filing)		Application Number	09/752,490
		Filing Date	12-28-2000
		First Named Inventor	David A. Rieger et al.
		Art Unit	2143
		Examiner Name	Elda G. Milef
Total Number of Pages in This Submission	8	Attorney Docket Number	12688US01
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Yufeng Ma		
Date	November 15, 2005		
<b>CERTIFICATE OF FAX TRANSMITTAL</b>			
I hereby certify that this correspondence is being sent via facsimile to Examiner Elda G. Milef at the United States Patent and Trademark Office			
Name (Print/type)	Yufeng Ma	Registration No. (Attorney/Agent)	56,975
Signature		Date	11-15-05

**BEST AVAILABLE COPY**

NOV 15 2005

Approved for use through 07/31/2006. OMB 0651-0032

S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**

Complete if Known

Application Number 09/752,480

Filing Date 12-28-2000

First Named Inventor David A. Rieger et al.

Examiner Name Eida G. Milet

Art Unit 2143

Attorney Docket No. 12688US01

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 310.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

## FILING FEES

## SEARCH FEES

## EXAMINATION FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

Small Entity

**2. EXCESS CLAIM FEES**

## Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Fee (\$)	Fee (\$)
50	25
200	100
360	180

				<u>Multiple Dependent Claims</u>	
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>
-20 or HP	x	=			
HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>		
-3 or HP	x	=			
HP = highest number of Independent claims paid for, if greater than 3					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

One-Month Extension of Time

Other: Notice of Appeal

60.00

250.00

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent)

58,976

Telephone

(312)775-8000

Name (print/type)

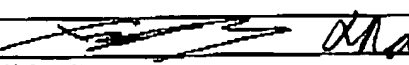
Yufeng Ma

Date

11-15-2005

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Complete If Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/752,490	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>NOV 15 2005</b>				
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 310.00		Filing Date 12-28-2000					
		First Named Inventor David A. Rieger et al.					
		Examiner Name Eida G. Mlef					
		Art Unit 2143					
		Attorney Docket No. 12888US01					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
							Fee (\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
		-20 or HP	x	=	Fee		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
		-3 or HP	x	=			
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
	-100	/50	(round up to a whole number)	x	=		
<b>4. OTHER FEE (\$)</b>							
Non-English Specification, \$130 fee (no small entity discount)							60.00
Other: One-Month Extension of Time							250.00
Notice of Appeal							
<b>SUBMITTED BY</b>							
Signature				Registration No. (Attorney/Agent)	56,975	Telephone	(312)775-8000
Name (print/type)	Yufeng Ma			Date	11-15-2005		